Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in i		RECEIVED CITY CLERK	CALIFORNIA 460 2001/02 FORM
SEE INSTRUCTIONS ON REVERSE	Statement covers period from 01-01-03	Date of election if applicable! (Month, Day, Year) 03-02-04 2004		Page of
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Display Parts 1, 2, 3, and 4. Ballot Measure Committee Primarily Formed Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement Amendment (Explain b	t Spec	terly Statement ial Odd-Year Report elemental Preelection ement - Attach Form 495
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) STREET, ADDRESS (IN 1) G. BOX) MITNING ADDRESS (IN DIFFERENT) NO. AND STREET, OR P.O. IN STATE 952 OPTIONAL: FAX / E-MAIL ADDRESS	ecca Nabors 2 209-943-5834	STOCK TO SAME OF ASSISTANT TREASURE	Unton Lane Way Castate 1921ps REER, IF ANY LY ry STATE ZIP C RESS	De 19 209-418-937 ODE 109-948-4273
4. Verification I have used all reasonable diligence in preparing and review certify under penalty of parjury under the laws of the State Executed on	of California that the foregoing is true a By Signature of Cont By	nd cognect. Signature of Telestrer of Assistant	Treasurer People of Responsible Officer of Sponsor State Measure Proponent	schedules is true and complete. I

 $a_{\text{age}} 2_{\text{of}}$

5.	Officeholder or Candidate Controlled Comm	ittee	6.	Ballot Measure Comm	ittee			
	POLITA G. NO. Or	,)		NAME OF BALLOT MEASURE				
	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	TNUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT OPPOSE
	RESIDENTIALIBUSINESS APPRESS (NO. AND STREET) COL	tonica 95206	•	Identify the controlling of			tate measure	proponent, if any.
	Polated Committees Netherlands in the Ou		NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT					
	Related Committees Not Included in this Sta not included in this statement that are controlled by you contributions or make expenditures on behalf of your can	or are primarily formed to receive		OFFICE SOUGHT OR HELD	1		DISTRICT NO). IF ANY
	COMMITTEE NAME	I.D. NUMBER					1	
	NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Con which this committee is prim	nmittee List parily formed.	names of offi	ceholder(s) or	candidate(s) for
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	DX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
	CITY STATE ZIP C	ODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
	COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
	NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
	STREET ADDRESS (NO P.O. BO	JA)						
	CITY STATE ZIP C	ODE AREA CODE/PHONE		Atta	ch continuati	on sheets if	necessary	

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC State of California Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE B-PART 1

Schedule B – Part 1		unts may be ro		Γ	Statement cov	ers period	CALIFORNI	400
Loans Received		to whole dollar			from 01-01.	- 03	FORM	^A 460
SEE INSTRUCTIONS ON REVERSE	through 12-3	1-03	Page 3	of <u>6</u>				
Rebecta G. Nabors 1260 906								
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(6) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAI OR FORGIVE THIS PERIO	N CLOSE OF THIS	(•) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Keberca G. Nabors 138 W. 8th 34 Stockton, CA 95206	teacher - 5thin Unit Sch Dist	. 0	, 25,00	S FORGIVEN	s_ <u>O</u>	N↑ %	.25.00 12-3-03	calendar year \$25.00 PER ELECTION**
IND COM OTH PTY SCC	100.1	·	2.00.00	,	DATE DUE	\$	DATE INCURRED	\$
Keballa G. Nabors 138 N. 8th 95206	Heachen— Hkn. Unif Sch Dist	A	2000.00	s FORGIVEN		NA. %	2000.00	CALENDAR YEAR \$2000.00 PER ELECTION **
MIND COM OTH PTY SCC		s	20000	;_ -	DATE DUE	;_ * _	DATE INCURRED	s
	·			PAID S FORGIVEN	\$	RATE	\$	\$ PER ELECTION **
TO IND COM OTH PTY SCC		\$	\$	s	DATE DUE	\$	DATE INCURRED	\$
		SUBTOTALS \$	2025.00	\$ 0	\$ +	\$ -		
Schedule B Summary 1. Loans received this period				9	025.00	(Enter (e) on Schedule E, Line 3)		
(Total Column (b) plus unitemized loans	s less than \$100.)		•	ψ (८ ১)			another party	given or paid by also must be
2. Loans paid or forgiven this period								
Net change this period. (Subtract Line Enter the net here and on the Summar.)	2 from Line 1.)y Page, Column A, Line 2.	······································		NET \$ d	(May be a negative number)			
† Contributor Codes IND – Individual COM – Recipient Committee (c	ther than PTY or SCC) OTH -	Other PTY – P	olitical Party S	SCC – Small Co	ontributor Committee	FPPC T		m 460 (June/01) : 866/ASK-FPPC

Schedule CNonmonetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from 01-01-03 CALIFORNIA 460

through 2-31-03 Page of 6

7/D CODE OF CONTRIBUTOR CONTRIBUTOR	through 0 - J - V - Page 1 of 6	SEE INSTRUCTIONS ON REVERSE
DATE FOLL NAMES, SIREET ADDRESS AND CONTRIBUTOR OCCUPATION AND EMPLOYER DESCRIPTION OF FAIR MARKET DATE PER ELECTION AND EMPLOYER DESCRIPTION OF FAIR MARKET DATE	1260 906	Lebella G. Nabors
(IF COMMITTEE, ALSO ENTER I.D. NUMBER) (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) (IF REQUIRE	ONTRIBUTOR CODE * OCCUPATION AND EMPLOYER GOODS OR SERVICES OCCUPATION AND EMPLOYER GOODS OR SERVICES FAIR MARKET CALENDAR YEAR TO DATE TO	RECEIVED ZIP CODE OF CONTRIBUTOR CODE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
Dec. 8, 11, 18 Reduce G. Mabors teacher teacher teacher 5133.00 \$133.00 \$133.00 \$133.00 \$133.00 \$133.00 \$133.00 \$133.00 \$133.00	Sten. Unit Sch Distrect not Maps	8,31 Stockton, CA 95206 OTH OSC
Nov. 24, 25 Jesse h. Nabors, Sr Com Vice-Principal Voting Disc #120.00 #120.00 Dac 4, 12, 23 Stockton, CA 95206 Strumpsch Dist Wall Box Supplies	PTY TRIUM SCH BUT WAILBOX	12, 23 138, W. Sthat, Strockton, CA 95216
□IND □COM □OTH □PTY □SCC	□COM □OTH □PTY	□COM □OTH □PTY
☐IND ☐COM ☐OTH ☐PTY ☐SCC	□COM □OTH □PTY	□ COM □ OTH □ PTY
Attach additional information on appropriately labeled continuation sheets. SUBTOTAL \$ 253,00	continuation sheets. SUBTOTAL \$ 253,00	Attach additional information on appropriately labeled contin

Schedule C Summary

Amount received this period – nonmonetary contributions of \$100 or more.

(Include all Schedule C subtotals.)

\$ \text{\$}

2. Amount received this period – unitemized nonmonetary contributions of less than \$100

 *Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

Copies & receipts attached labeled continuation sheets Schedule C_nonmonetary contributions received

Schedule E Payments Made

Type or print in ink. Amounts may be rounded to whole dollars.

Statement covers period

SCHEDULEE **CALIFORNIA FORM**

SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. MBR member communications radio airtime and production costs CNS campaign consultants meetings and appearances returned contributions contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating t.v. or cable airtime and production costs FIL candidate filing/ballot fees PHO phone banks candidate travel, lodging, and meals FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* transfer between committees of the same candidate/sponsor POS postage, delivery and messenger services TSF LEG legal defense professional services (legal, accounting) PRO VOT voter registration campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail) NAME AND ADDRESS OF PAYEE CODE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) OR DESCRIPTION OF PAYMENT AMOUNT PAID * Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ Schedule E Summary 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) 2. Unitemized payments made this period of under \$100 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Type or print in ink. Amounts may be rounded to whole dollars.

Statement covers period

CALIFORNIA FORM

SUMMARY PAGE

Rebuila G. Nabors			1240906
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions	\$ 2025.00 \$ 2025.00 253.00 \$ 2278.00	\$ 2025.00 \$ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1/1 through 6/30 7/1 to Date 20. Contributions Received \$ \$ 21. Expenditures Made \$ \$
Expenditures Made 6. Payments Made	\$ 925.00 \$ 925.00 \$ 253.00 \$ 178.00	\$	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy)
Current Cash Statement 12. Beginning Cash Balance	\$ 20 25.00 \(\frac{\tau}{25.00}\) \(\frac{925.00}{100.06}\)	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only	\$\$ \$\$ \$\$ \$
17. LOAN GUARANTEES RECEIVED	\$ -0 \$ 2025.00	carry over the amounts from Lines 2, 7, and 9 (if any).	*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B. FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5) State from through	Type or print in ink. ment covers peripd Month, Day, Year) Mu, 2, 2004	CITY OF STUCKTUN	CALIFORNIA 460 2001/02 FORM Page of For Official Use Only
Officeholder Osmall Contributor Committee Opolitical Party/Central Committee	re Committee Formed Semi-annual Statem Gd Amendment (Expla	ent Quart nent Speci ent Suppl	terly Statement ial Odd-Year Report Ilemental Preelection ment - Attach Form 495
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) STREET ADDRESS (NO PORTAL) STREET ADDRESS (NO PORTAL) STATE 2 SIP CODE MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX OPTIONAL: FAX / E-MAIL ADDRESS	MAILING ADDRESS MAILING ADDRESS MAILING ADDRESS MAILING ADDRESS MAILING ADDRESS CITY OPTIONAL: FAX / E-MAIL		209-948-4273 CODE AREA CODE/PHONE
4. Verification I have used all reasonable diligence in preparing and reviewing this state of the State of Californ executed on	By Chille Signature of Treduction of A	asure Proponent or Responsible Officer of Sponsor	

Officeholder or Candidate Controlled Committee	6. Ballot Measure Committee
TNAME OF OFFICEHOLDER OR CANDIDATE FOR MAN () () () () () () () () () (NAME OF BALLOT MEASURE
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER JURISDICTION SUPPORT OPPOSE
RESIDENTIAL BUSINESS ADDRESS AND AND STREET) CITY ASTATE ZIP	Identify the controlling officeholder, candidate, or state measure proponent, if an NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT
Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.	OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY
COMMITTEE NAME I.D. NUMBER	
NAME OF TREASURER CONTROLLED COMMITTEE? YES NO	 Primarily Formed Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOR OPPOSE
CITY STATE ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT OPPOSE
COMMITTEE NAME I.D., NUMBER	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOR OPPOSE
NAME OF TREASURER CONTROLLED COMMITTEE? YES NO	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPOR OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	Attach continuation sheets if necessary

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

State of California

' Campaign Disclosure Statement Summary Page

Type or print in ink. Amounts may be rounded to whole dollars.

SUMMARY PAGE **CALIFORNIA** FORM

FPPC Toll-Free Helpline: 866/ASK-FPPC

SEE INSTRUCTIONS ON REVERSE

MANE OF PILER CO. MADO VS		(126690L
Contributions Received 1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) \$ 4000000000000000000000000000000000	COLUMN B CALENDAR YEAR TOTAL TO DATE \$ 1 (15.00) \$ 2 4 25.00 \$ 143.00 \$ 1468.00	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received \$ \$\$ 21. Expenditures Made \$ \$\$
Expenditures Made 6. Payments Made	\$ 55 2. 00 \$ 552.00 \$ 552.00 \$ 595.00	\$ 552.00 \$ 552.00 \$ 43.00 \$ 575.00	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) \$
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero. 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse	s — C	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
19 Outstanding Dehts Add Line 2 - Line 0 in Column Column Column	: 2025.00		FPPC Form 460 (June/0

Schedule	e A
Monetary	Contributions Received

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE
Statement covers period from	CALIFORNIA 460
through Jan. 17, 2004	Page 4 of

SEE INSTRUCTIONS ON REVERSE			mough A) 1 ag	S 01
RAMEDOF FILER G. Naboys	*************************************		U	1.0. 1	1UMBER L60906
DATE RECEIVED FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTERNAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
-13-04 Univer Phylia Terry 27 W 5th St. 5tkm. Ch 95206	DIND COM OTH PTY Scc	Retired	100.00	100.00	
5127 Verdi Way Stockton, Ct 95207	MIND COM OTH PTY SCC	Cetired_	100.00	100.00	
1-17-04 Dr. Elliot Chambers, Sr. 2014 E. Mettler Road Loai, CA 95240	IND COM OTH PTY	Rtina	100.00	100.00	
1-17-04 Maria Tate 518 Paloma Ave- STOCKTON, CX 95269	DAND COM OTH PTY SCC	Retired	100.00	100.00	
	☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		SUBTOTAL	400.00		

Schedule A Summary

(Include all Schedule A subtotals.)

2. Amount received this period – unitemized contributions of less than \$100 \$ 1. Amount received this period – contributions of \$100 or more.

3. Total monetary contributions received this period.

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Schedule B - Part	1
Loans Received	

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period, CALIFORNIA FORM

					Ŏ, ì	7 2004	4	8
SEE INSTRUCTIONS ON REVERSE					through . I	1,200	Page	of <u>U</u>
NAME OF FILER	1				Ú		I.D. NUMBER	
Keberry G. No	Lhors	,					1260	906
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAIL OR FORGIVER THIS PERIOD	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Rebecca G. Nabois Stockton, CA 95206	teacher - SUSD	25.00	<u> </u>	S FORGIVEN	<u>\$ 25.00</u>	NA RATE	,25.00	S PER ELECTION**
TIND COM OTH PTY SCC	<u> </u>	, <u>a</u> 2,00	s	s	DATE DUE	, —	DATE INCURRED	\$
telecca (g. Malors 138 W. Str. St.	tlachn - SUSD	2	_	s FORGIVEN	\$2000.00	MATE %	,2000.00	S PER ELECTION **
MIND COM OTH PTY SCC		.2000.00	\$	5_0	DATE DUE	, 0	DATE INCURRED	\$
				PAID				CALENDAR YEAR
				\$FORGIVEN	- S	RATE	\$	PER ELECTION **
† IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	s
		SUBTOTALS S	• 🔶	\$ 0	\$2025.00	\$ 0		
Schedule B Summary					2	(Enter (e) on Schedule E, Line 3)		
Loans received this period (Total Column (b) plus unitemized loans	s less than \$100.)				$\frac{\circ}{\diamond}$		1	rgiven or paid by also must be Schedule A.
2. Loans paid or forgiven this period								
3. Net change this period. (Subtract Line Enter the net here and on the Summary				. NET \$	May be a negative number)			
† Contributor Codes IND – Individual COM – Recipient Committee (o	ther than PTY or SCC) OTH –	Other PTY-F	Political Party S	SCC – Small Co	ntributor Committee	FPPC TO		m 460 (June/01) : 866/ASK-FPPC

Schedule C
Nonmonetary Contributions Received

SEE INSTRUCTIONS ON REVERSE

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE C Statement covers period **CALIFORNIA FORM** Page I.D. NUMBER 19/19/01

NAME OF FILER		15			y	1.D. NUMB	er 0906
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
1-1-04	Rebecca G. Nabors 138 W. 8th St Stockton, cA 95266	ND COM OTH PTY SCC	teacher- SUSD	Supplies, Disks	27.00	27.00	
1-15-04	Rebecta G. Mabors Stockton, CA95206	MIND COM OTH PTY SCC	teacher- SUSD	Petrolinents	16.00	16.00	
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
Attach add	ditional information on appropriately label	ed continuat	ion sheets.	SUBTOTAL S	\$43.00		

Schedule C Summary 1. Amount received this period – nonmonetary contributions of \$100 or more.

(Include all Schedule C subtotals.)

2. Amount received this period – unitemized nonmonetary contributions of less than \$100

3. Total nonmonetary contributions received this period.

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Schedule E
Payments Made

FIL candidate filing/ballot fees

ND independent expenditure supporting/opposing others (explain)*

FND fundraising events

LEG legal defense

UT

Type or print in ink. Amounts may be rounded to whole dollars.

PHO phone banks

POL polling and survey research

	SCHEDULE
Statement covers period	CALIFORNIA 460
through fr. 17, 2004	Page 1 of 8
V	LO. NUMBER

TSF transfer between committees of the same candidate/sponsor

TRC candidate travel, lodging, and meals

VOT voter registration

TRS staff/spouse travel, lodging, and meals

SEE INSTRUCTIONS ON REVERSE		through fine 1 1 2 102	Page of
NAME OF FILER	5	J	1.0. NUMBER
CODES: If one of the following codes accurately describe	s the payment, you may enter the code. Othe	rwise, describe the payment.	
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating	RAD radio airtime and production of RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production of the returned contributions.	

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

campaign literature and mailings	PRT print ads	, a common (logal)	WEB information technology con	sts (internet, e-mail)
NAME AND ADDRESS OF PA , (IF COMMITTEE, ALSO ENTER I.D. NUM	YEE (BER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
JC Paper - 1110 S.W. Son	195215	LIT		110.00
office MAX-4733 am	Haku Dr	LÍT		114.00
exerce Debat - all My	arch Lane	12		145.00

Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTAL \$ 3 (.9.() ()
Schedule E Summary	A 1 0
1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$369.00
2. Unitemized payments made this period of under \$100	
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	s —
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	total \$ 552.00

Schedule E
(Continuation Sheet)
Payments Made

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

statement covers period
from from 17 2001
through from 17 2001

CALIFORNIA 460

SCHEDULE E (CONT.)

Page S of S

I.D. NUMBER

CODEs: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.
CNS campaign consultants

CTB contribution (explain nonmonetary)*
CVC civic donations

FIL candidate filing/ballot fees FND fundraising events

ND independent expenditure supporting/opposing others (explain)*
LEG legal defense

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

LIT campaign literature and mailings

MBR member communications

MTG meetings and appearances OFC office expenses

PET petition circulating PHO phone banks

POL polling and survey research.
POS postage, delivery and messenger services
PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	OR C	DESCRIPTION OF PAYMENT	AMOUNT PAID
San Joaquem County Registra		Phych	02e (D) 5+ Mh/20	 23.00
Stellan, 14 95202		,	, ,	
ge Paper - Mic S. Wilson Way 95285	III			 79.00
office MAX-4733 Quail Lakes Dr. Stockton, Ct 95207				66.00
office Report-911 W. March Lane Stockton, Ct 95201	III			15.00
				(A.G. A.)

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

SUBTOTAL \$

Recipient Committee URIG	INAI		COVER PAGE
Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in	RECEIVED CITY CLER	(FORM
SEE INSTRUCTIONS ON REVERSE	statement covers period from Land 19, 2004	Date of election if applicableDITY OF STOCION (Month, Day, Year) MM. 2 200 2004 FEB 19 P	Page of 1
1. Type of Recipient Committee: All Committee Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	Complete Parts 1, 2, 3, and 4. Ballot Measure Committee Primarily Formed Controlled Sponsored (Also Complete Part 5) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement Amendment (Explain below)	☐ Quarterly Statement ☐ Special Odd-Year Report ☐ Supplemental Preelection Statement - Attach Form 495
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE ON MI THEE T CLEET REDUCE STREET ADDRESS (NO PIG BOX) CITY OF THE	Nabors	Treasurer(s) MAILING ADDRESS NAME OF TREASURER MAILING ADDRESS NAME OF ASSISTANT TREASURER IF ANY MAILING ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS	1 21P GODE 209-478-9372 5209 209-478-9372
4. Verification I have used all reasonable diligence in preparing and revie certify under penalty of perjusy under the laws of the State Executed on	ewing this statement and to the best of me of California that the foregoing is true By Security of Co	y knowledge the information contained herein and in the and correct. Signature of Industrial Measure Proposent or Responsible Office Signature of Controlling Officendider, Candidate, State Measure Proposent	
Executed on	Ву	Signature of Controlling Officeholder, Candidate, State Measure Proponent	FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 858/ASX-FPPC State of California

Recipient Committee Campaign Statement Cover Page — Part 2 CALIFORNIA FORM 460

5. Officeholder or Candidate Controlled Committee	6.	Ballot Measure Comm	ittee		
Tellera (7. Namys	_	NAME OF BALLOT MEASURE			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	-	BALLOT NO. OR LETTER	JURISDICTIO	NO	SUPPORT OPPOSE
RESIDENTIAL BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP	 •	Identify the controlling of			proponent, if any.
Related Committees Not Included in the		NAME OF OFFICEHOLDER, CAN	NDIDATE, OR PR	OPONENT	
Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.	,	OFFICE SOUGHT OR HELD		DISTRICT NO). IF ANY
COMMITTEE NAME 1.D. NUMBER	-		····		
NAME OF TREASURER CONTROLLED COMMITTEE? YES NO	7.	Primarily Formed Comwhich this committee is prim	mittee List arily formed.	names of officeholder(s) o	candidate(s) for
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	•	NAME OF OFFICEHOLDER OR (CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
STATE ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME I.D. NUMBER	:	NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGHT OR HELD	
	•	THE ST OF TOURISEDER OR C	MINIONIE	OFFICE SOUGHT OR HELL	SUPPORT OPPOSE
NAME OF TREASURER CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)					OPPOSE
CITY STATE ZIP CODE AREA CODE/PHONE		Attac	h continuatio	n sheets if necessary	

Campaign Disclosure Statement Summary Page

Type or print in ink,
Amounts may be rounded
to whole dollars.

Statement covers period CALIFORNIA 460

FORM

Ough Jels 14 2014

Page 3 of 1

FPPC Toll-Free Helpline: 866/ASK-FPPC

SEE INSTRUCTIONS ON REVERSE NAME OF RILER I.D. NUMBER **Contributions Received** Column A Column B Calendar Year Summary for Candidates TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) CALENDAR YEAR Running in Both the State Primary and 1. Monetary Contributions Schedule A. Line 3 General Elections 2. Loans Received Schedule B, Line 3 1/1 through 6/30 7/1 to Date 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1+2 20. Contributions 4. Nonmonetary Contributions Schedule C, Line 3 Received 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 21. Expenditures Made **Expenditures Made** 6. Payments Made Schedule E, Line 4 \$ **Expenditure Limit Summary for State** Candidates 7. Loans Made Schedule H, Line 3 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 Date of Election 10. Nonmonetary Adjustment Schedule C, Line 3 Total to Date (mm/dd/yy) 11. TOTAL EXPENDITURES MADEAdd Lines 8 + 9 + 10 \$ **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B, add 13. Cash Receipts Column A, Line 3 above amounts in Column A to the 14. Miscellaneous Increases to Cash Schedule I, Line 4 corresponding amounts from Column B of your last 15. Cash Payments Column A, Line 8 above report. Some amounts in 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 Column A may be negative figures that should be If this is a termination statement, Line 16 must be zero. subtracted from previous period amounts. If this is the first report being filed 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ for this calendar year, only *Since January 1, 2001. Amounts in this section may be carry over the amounts Cash Equivalents and Outstanding Debts different from amounts reported in Column B. from Lines 2, 7, and 9 (if 18. Cash Equivalents See instructions on reverse any). 19. Outstanding Debts Add Line 2 + Line 9 in Column B above FPPC Form 460 (June/01)

Schedule A **Monetary Contributions Received**

Type or print in ink.

SCHEDULE A

Monetary	Contributions Received		ts may be rounded whole dollars.	Statement cox	2004	CALIFORNIA 460
SEE INSTRUCTION	NS ON REVERSE			through JO	11004	Page of
Kelol	lea G. Nabors	7				1.D. NUMBER 906
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OFRUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIN'E TO CALENDAR YE (JAN. 1 - DEC.	AR TO DATE
-19-04	2535 Kall Ave 2575 Kall Ave 3Km, Ct 95205	MIND COM OTH PTY SCC	Mody Bail Bury	150.00	150.00	
1944	1976 Mari 2056 RA	DIND COM OTH PTY SCC	Solitary	100.00	100.00	
-55-04	18 & Bernice Are Stru, Ot 95210	SQIND COM OTH PTY	None	500.0	500:00	
1-19-14	4867 Bridgewoth Circle Stru. CA 95219	DOM COM OTH PTY SCC	Retired	100.00	100.00	
-33_04	Gabriel Lanson MD 4873 N. West Lane Stry, CA 95 216	DEIND COM OTH SCC	Physician— Westane Mulicul Clinic	160.00	100.00	
			SUBTOTAL \$	950.00		a to the second
1. Amount rece (Include all &	Summary eived this period – contributions of \$100 or more. Schedule A subtotals.)		<u>,</u> 4	050.00	IND - I	butor Codes ndividual Recipient Committee
	2. Amount received this period – uniternized contributions of less than \$100					(other than PTY or SCC)
'd Total manata	ary contributions received this period. and 2. Enter here and on the Summary Page, Colum		OTH - Other PTY - Political Party SCC - Small Contributor Committee			

Schedule A (Continuation Sheet)
 Monetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA 460

FORM

MANE ON FILER			through Sto 1	Pa	ge of H
Keberra G. Nabox	<u> </u>		•	1.0	16090L
DATE RECEIVED FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DAT CALENDAR YEAR (JAN. 1 - DEC. 31)	TODATE
1-30 R. W. Milliamson	□PTY	Mineser. Am-Pm Mini Mt	100.00	100.00	
Julie Jenn 9352 Lufkin Way		Student Services Coordinator	100.00	100.00	
1-23-04 CK Grove Ct 95758 Carl TOliver 4539 (over 2	DCOM	SUSD Asstisuperindul	000.00	100-00	
1-33-09 Stkn, or 95207 Conne & Bobby Smith	SCC	None	100-00	100.00	
1-23 ay String CA 95207	□COM □OTH □PTY □SCC	Rethred	10000	740.00	
1-23-04 Stm, of 95203	COM OTH PTY SCC	none Retired	00.00	100-00	
	Пасс	SUBTOTAL \$	500.00		

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Monetary	Contributions Received	Amounts may to whole	be rounded [Statement coverage from through	CA TO ACL CALL	FORNIA 460
NAME OF FILER	eloeca G. Nal	27OYS			1.0. NUI	60906
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1-23-04	Pat Hague 723 Junipero Serva Stry Ct 95210	DOM COM OTH PTY SCC	Rincipal - SUSD	100.00	100.00	
1-29-04	Doris M. Jackson 2125 Peralta Sten, M95206	MIND COM OTH PTY SCC	Retired	150.00	150.00	
1-29-04	Frank Garavano Strn & 95208	IND COM OTH PTY	none- Retired	100.00	100.00	
2-2-04	Mamie Darlington 4133 Manchester Ave Strn. Ct 95207	DEMND COM COTH COTH COTH COTC	Professor -	100.00	106.00	
PU-6-05	Lawson Bush 2964 Vanana St 20mona, Ch 91767	COM COM OTH PTY SCC	rune - Retired	160.00	100.00	
	•		SUBTOTAL \$	55000		-

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Monetary	Contributions Received	Amounts may to whole		from through	1,2014 Page	ORNIA 460 7 of 11
	Roecea G. Nav	2018			1.0. NUI	6090L
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2-3-04	2031 W. March In #3365 Stry CA 95219	COM COM OTH PTY SCC	Dermatology	100.00	100.00	
25-04	CART Correctional feare Mices 1415:12 4 3te 41 5814	□IND SCOM □OTH □PTY □SCC	ID 160532	1000.00	1000.00	
2-7-04	STYN, CA 95219	IND COM	Retired	250.00	250.00	
27-04	5932 E. Carpentura Str. 0195215	MIND COM OTH PTY SCC	Retired	100.00	100.00	
2-8-04	Vivian Lang MOBILE, AL 36617 St.	MIND COM OTH PTY SCC	Retired	100.00	100-00	
			SUBTOTAL \$	1550.00		**************************************

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE A (CONT.)
Statement covers period	CALIFORNIA 460
through 50. 14, 210i	Page of
,	I.D. NUMBER

				through Job.	Page_	0f
NAME OF FILE	LODONG CA NO	2015			I.D. NUI	MBER
-	Reverse C. Mai	<u>ر ۱۷۲ ر</u>	<u> </u>	·	112	6070G
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	1 00	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER	AMOUNT RECEIVED THIS	CUMULATIVE TO DATE CALENDAR YEAR	PER ELECTION TO DATE
RECEIVE		CODE *	(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	PERIOD	(JAN. 1 - DEC. 31)	(IF REQUIRED)
	Speran Hourson	MIND □ COM	Marketin for	100.00	00.00	
2001	[115-24 125 ST.	□отн	Born BO NIV		•	•
9-8-01	Jamai Ch, NY 11420	□PTY □SCC	Duck Link			
	Clin Oliva, Tr	MIND ☐ COM	Subwey Operator-	200.00	200.00	
	22 Union Wall at	□отн	NYCPOT		2000	
9-8-11	Jamaira Illy 11433	☐ PTY ☐ SCC	Authority			
	Dool the Bulling	MD	Mani	100.00	100.00	
	acatella Burdas		O All made		, , , , ,	
2-11-8	4 3 13 The 12 305	□PTY □SCC	Keliva			
	Moveno Dentel Corone	*EMIND	Denti at	100.00	100.00	
•	James Mirens	□сом □отн	Noveme Dentel	70000	100.00	
119-11	3427 Des 2K Drive C	□PTY □scc	Group			
<u>a </u>	1 stent or isaly	□IND	\			
		□сом □отн				
		PTY				
		scc				
			SUBTOTAL	500.00		

*Contributor Codes

IND-Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Schedule B - Part 1 Loans Received

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDUL	EB-	PART 1
---------	-----	--------

Loans Received	Amounts may be rounded to whole dollars.			Statement covers period		CALIFORN FORM	^{IA} 460	
SEE INSTRUCTIONS ON REVERSE	No.				through Jepi	14,2004	Page	of
FULL NAME, STREET ADDRESS AND ZIP CODE	· Napor	5			١	,	I.D. NUMBER	06
OF LENDER (# COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	(¢) AMOUNT PAIL OR FORGIVEI THIS PERIOD	CLOSE OF THIS	(•) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
135 W. Straffabors	SUSD	.25.00	4	S FORGIVEN	, 25.00	RATE	.25.00	CALENDAR YEAR S PER ELECTION
Replica G. Nabors	+ 1	,00.00	; <u>U</u>	,	DATE DUE	\$	DATE INCURRED	\$
STAN OTH PTY SCC	susp	2600.00		PAID FORGIVEN	2000.00	1 A	.20000	CALENDAR YEAR S PER ELECTION **
				PAID	DATE DUE		DATE INCURRED	CALENDAR YEAR
†□ IND □ COM □ OTH □ PTY □ SCC				S	\$	RATE %	!	PER ELECTION **
TO IND COM OTH PTY SCC			,	,	DATE DUE	\$	DATE INCURRED	5
Schedule B Summary		SUBTOTALS \$	Q :	<u> </u>	<u>\$ 2025:00 :</u>	(Enter (e) on		1980
1. Loans received this period		**************************	•••••	\$	\bigcirc	Schedule È, Line 3)		
Loans paid or forgiven this period (Total Column (c) plus loans under \$100 r	and or forgives)	•••••			0	I	reported on Sc	iven or paid by also must be chedule A.
Net change this period. (Subtract Line 2 from Line 1.) Enter the net here and on the Summary Page, Column A, Line 2. NET \$ (May be a negative number)								
† Contributor Codes IND - Individual COM - Recipient Committee (other	er than PTY or SCC) OTH – Or	ther PTY Poli	tical Party SC	C – Small Contr	ibutor Committee	FPPC Toll	FPPC Form -Free Helpline: (460 (June/01) 366/ASK-FPPC

Schedule !	E
Payments	Made

Type or print in ink.

Amounts may be rounded to whole dollars.

through to 1204

CALIFORNIA 460

FORM

Page 10 of 100 NUMBER

SEE INSTRUCTIONS ON REVERSE		through A Page.	10 of V
HAMA OF FILER	2007S	12:	60906
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events Independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting)	radio airtime and production costs returned contributions campaign workers' salaries t.v. or cable airtime and production cost transfer between committees of the si voter registration unformation technology costs (internet,	s ame candidate/sponsor

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF	PAYMENT AMOUNT PAID
Cajerveres estativos 10 Hr W. Robinhord Dreity 95207	POS	111.00
911 W. Narhty 5207	cmp	(50.00
Western Kanch Advertiser Box 1048 city 95201	PRI	275.00
* Payments that are contributions or independent expenditures must also	be summarized on Schedule D.	SUBTOTAL \$ 5/Q O

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)

2. Unitemized payments made this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)

3. Total interest paid this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)

TOTAL \$ 210.00



Statement covers period **CALIFORNIA FORM** I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF RILER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP - campaign paraphernalia/misc. radio airtime and production costs

CNS campaign consultants

contribution (explain nonmonetary)* CVC civic donations

FIL candidate filing/bellot fees FND fundraising events

independent expenditure supporting/opposing others (explain)*

LEG legal defense

பா campaign literature and mailings MBR member communications

meetings and appearances OFC office expenses

PET petition circulating PHO phone banks

POL polling and survey research

POS postage, delivery and messenger services professional services (legal, accounting) PRO PRT print ads

TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals

returned contributions

SAL campaign workers' salaries

TRS staff/spouse travel, lodging, and meals

transfer between committees of the same candidate/sponsor

VOT voter registration

RFD

WEB information technology costs (internet a-mail)

	PRI plint aus	WEB Information technology	y costs (internet, e-mail)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
911 W March In City 2017	TI		145.00
911 W. March Lysson	TI LIT		287.00
US Postal Service 3131 Arch-thir port Rd Ly 95213	Pas		444.00
3131 Arch- His port R	PB		666.00

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 5 FPPC Form 460 (June/01)